

PATENT NUMBER

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O.I.P.E.
SCANNED *DWP* Q.A. *CC*

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| | Sheets Drwg. | Figs. Drwg. | Print Fig. | Total Claims | Print Claim for O.G. |
| <input type="checkbox"/> a) The term of this patent subsequent to _____ (date) has been disclaimed. | _____ (Assistant Examiner) (Date) | | | NOTICE OF ALLOWANCE MAILED | |
| <input type="checkbox"/> b) The term of this patent shall not extend beyond the expiration date of U.S Patent. No. _____ _____ _____ | _____ (Primary Examiner) (Date) | | | ISSUE FEE | |
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